



Annual Leak Monitoring Test Form For Underground Storage Tank Systems With Secondary Containment

For use in the State of New Hampshire
N. H. Code of Administrative Rules Env-Wm 1401.31, "Operation of Leak Monitoring Equipment"

The New Hampshire Department of Environmental Services (NHDES) has developed this form to help you document the required annual testing of the leak monitoring equipment at this underground storage facility. Consult manufacturer's recommendations on testing for specific guidelines.

Facility Name: _____ NHDES Facility # / Site #: _____

Facility Address: _____ City: _____ Zip: _____

A. Results of Annual Leak Monitoring Test

Complete the following checklist using: **Y=yes, N=no, N/A=not applicable**

If your answer is **No**, then describe on the reverse side of this form how and when these items will be corrected.

1. Leak monitor manufacturer's name and model number:

		Tank #:					
2.	Leak monitor console assignments are correctly programmed and labeled for all sensors.						
3.	<u>Tank</u> secondary containment sensor is positioned per manufacturers recommendation.						
4.	<u>Piping</u> secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer recommendation.						
5.	Brine level of the tank interstitial space is within the manufacturers operating range.						
6.	The secondary containment and the piping sumps are free of liquid.						
7.	All sensors were visually inspected, manually tested, and confirmed operational.						
8.	The leak monitor console <u>audible</u> alarm is operational.						
9.	The leak monitor console <u>visual</u> alarms are operational.						
10.	The communication equipment (e.g. modem) is operational for leak monitoring systems and will relay alarms to a remote station.						
11.	The leak monitoring console and sensors are in proper operation.						

B. Verification

I hereby verify that the equipment identified in this document was tested for proper operation in performance of the original design function in accordance with the manufacturers' requirements. Attached to this form is information (if available, system set-up reports) necessary to verify that this information is correct.

Technician Name (print): _____ Testing Company Name: _____

Testing Co. Address / State / Zip: _____

Signature: _____ Phone No.: (____) _____ Date: _____

C. General Instructions

- Keep a completed copy of this form for owner/operator records.
- The owner/operator can submit a copy of this annual leak-monitoring test to NHDES.

Mailing Address:

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